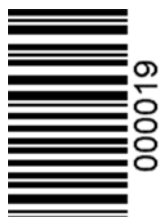




COMPLETE SOLUTIONS PERSONAL RETIREMENT BOND APPLICATION FORM



Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at www.irishlife.ie or you can ask us for a copy.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

Financial Adviser Details

Financial Adviser Name	<input type="text"/>
Financial Adviser Code	<input type="text"/>
Profile	<input type="text"/>

If your Financial Broker or Adviser submits your application electronically Irish Life will only receive a copy of the Declarations section of this form. The original application form will be retained by your Financial Broker of Adviser and not checked by Irish Life.

1. Personal Details

Title (Mr/Mrs/Ms etc)	<input type="text"/>	
First Name	<input type="text"/>	Initial (if applicable) <input type="text"/>
Surname	<input type="text"/>	
Date of Birth (dd/mm/yyyy)	<input type="text"/>	Age Next Birthday <input type="text"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>	
Relationship Status	Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/>	
	Divorced <input type="radio"/> Registered Civil Partner <input type="radio"/>	
Country of Birth	<input type="text"/>	
Country of Nationality	<input type="text"/>	
Previous Surname (if any)	<input type="text"/>	
PPS Number	<input type="text"/>	
Occupation	<input type="text"/>	
Country of Residence	<input type="text"/>	
Are you resident in Ireland for tax purposes?	Yes <input type="radio"/> No <input type="radio"/>	

2. Contact Details

Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
County	<input type="text"/>
Home Phone Number	<input type="text"/>
Mobile Phone Number	<input type="text"/>
Email Address (if applicable)	<input type="text"/>

We are obliged to establish country of birth and nationality to comply with anti-money laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

Employer	€ <input type="text"/>
Employee	€ <input type="text"/>
AVC	€ <input type="text"/>
Total	€ <input type="text"/>

7. Fund Details

You can split your investment between up to 10 funds. Please make sure that the percentages add up to 100%.

Global Cash Fund	<input type="text"/> %
Multi Asset Portfolio Fund 2	<input type="text"/> %
Multi Asset Portfolio Fund 3	<input type="text"/> %
Multi Asset Portfolio Fund 4	<input type="text"/> %
Multi Asset Portfolio Fund 5	<input type="text"/> %
Multi Asset Portfolio Fund 6	<input type="text"/> %
Strategic Asset Return Fund	<input type="text"/> %
Protected Consensus Markets Fund	<input type="text"/> %
Self-Invested Fund	<input type="text"/> %

Other Funds

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

Lifestyling Strategies are not available if you invest in the Self-Invested Fund or a property fund.

If you wish to avail of a Lifestyling Strategy, please complete:

Irish Life offers 3 Lifestyling Strategies below which gradually moves your chosen fund(s) into specific funds over the term of your plan. A detailed description of each strategy is given in your product booklet. You should ensure you are happy with the risk level of each fund in these strategies.

I am funding for an ARF at retirement through the ARF Lifestyling Strategy	<input type="radio"/>
I am funding for an Annuity at retirement through the Annuity Lifestyling Strategy	<input type="radio"/>
I am funding for an ARF at retirement through the ARF Investment Lifestyling Strategy	<input type="radio"/>

Please refer to your guide to your Self-Invested Fund booklet for the minimum amount required to invest in a Self-Invested Fund. Please also complete a separate Investment Instruction Form.

Please read your Fund Guide for a full list of the funds available.

The risk level and volatility rating of a fund can change from time to time. Please visit our website www.irishlife.ie to see the most up-to-date fund information.

Self Invested Funds Trade Confirmation are only available online

8. Revenue Details

Name of Pension Scheme

[illegible]

Revenue Reference Number

[illegible]

Pension Board Registration Number

[illegible]

Is the PRB to pay for a retirement lump sum?

Yes ☐ No ☐

Is spouse/civil partners pension after death to be provided?

Yes ☐ No ☐

Does the member/customer have any pension benefits from current or previous employment?

Yes ☐ No ☐

If Yes, please provide further details

Has the member/customer received any pension benefits on leaving any employment?

Yes ☐ No ☐

If Yes, please provide further details

9. Your Plan Communication

How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular statements)

Please tick one option:

Online ☐ By paper post ☐

If you do not choose an option we will assume you want to receive communications by paper post.

Do you want the original plan schedule to be sent to your financial adviser (not applicable if plan is taken out through an Irish Life tied agent)?

Yes ☐ No ☐

Yes ☐ No ☐

- You will be notified by text and email when communications are added to your account.

Your plan communications will be securely stored in your personal online account.

Please note that mobile number AND email address MUST be provided if you wish to receive online communications (see section 2)





PERSONAL RETIREMENT BOND PLAN DECLARATIONS

Proposal Number

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Customer Name

Financial Adviser Name

If you submit this proposal electronically up you should only send us this section.

Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" etc.)

A. Declaration under Regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001

Only to be completed if contribution is a transfer from another Personal Retirement Bond

WARNING

If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or Financial Adviser.

Ref. Plan Number

[illegible]

Please complete this section by ticking the appropriate box:

Yes, this plan is replacing an Irish Life, Canada Life or Progressive Life plan

C

Yes, this plan is replacing a plan from another life company

C

Declaration of Insurer/Financial Adviser

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001

(Customer name and address)

has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.



Please sign and date

Signature of Financial Adviser

X

Date _____

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Declaration of Customer

I confirm that I have received in writing the information specified in the above declaration.



Please sign and date

Signature of Customer

Date _____

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Only to be completed if the contribution is coming from a pension scheme

I confirm that:

- Duly authorised to sign for and on behalf of the trustees.

Name

[illegible]

Signature

Date

		/		/			
--	--	---	--	---	--	--	--

I confirm that I have read and understood all the above declarations.

Member/Customer Signature

Date _____

		/		/			
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D. Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing dataprotectionqueries@irishlife.ie or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Customer

I agree ☐

I don't agree ☐

Trustee

I agree ☐

I don't agree ☐

